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Editorial:

Too hot, too cold or can we get it just right? What emotional distance should oncologists keep from their patients?

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Cancer clinicians frequently deal with emotionally challenging situations such as discussing the diagnosis or prognosis and transitions to palliative care with patients and their families. The doctor/patient relationship may be short and intensive, or one lasting for many years. Until fairly recently, a formal paternalistic relationship was the norm in medicine; this has now been replaced by a more patient centred approach. An unintended consequence of the move towards less formal relationships may be the loss of the emotional protection to the doctor. This suggestion is supported in part from results of two European surveys of young oncologists (≤ 45 yrs). Findings from one revealed a blurring of professional boundaries; certain behaviours contravened professional guidelines and compromised the doctor/patient relationship potentially contributing to high levels of burnout.¹ For example, 55% of oncologists had given patients their personal mobile phone numbers, and similar proportions of men and women (54%; 64% respectively) either sometimes or often permitted patients to hug or kiss them when greeting or saying goodbye. The other survey revealed high numbers were suffering from emotional exhaustion and felt that they had lost compassion and meaning from their clinical work.²

But how relevant are the European findings to current UK Oncology practice? A repeat survey was conducted with 506 UK-based clinicians, 48% (242/506) of whom were young oncologists (≤ 45 years).³ This allowed us to compare similarities and differences in general attitudes and personal behaviours with our European colleagues. The group of 242 averaged 6 years older than the previous survey and comprised medical, clinical and surgical oncologists, the majority of whom were consultants (65%). Although it is often difficult to draw

firm conclusions from surveys as respondents are a self-selecting group, and therefore potentially biased, the findings revealed many similarities and some striking differences. The expectation that cultural differences would mean that young UK based oncologists would be less demonstrative than their European colleagues was not realised. General attitudes towards situations showed that a significant number of clinicians believed patients should be allowed to call doctors by their first name (77%), permit patients to hug / kiss doctors in greeting (65%) and cry with a distressed patient (42%). Also there were clear differences between the general attitudes of oncologists and their personal behaviours. For instance, 61% (33/54) of oncologists who **disagreed** that it was OK for patients to call them by their first name, still allowed this to happen. Similarly 59% (46/78) who did not think it appropriate for patients to hug/kiss them in greeting permitted their own patients to do so. The fact that any thought these behaviours were acceptable other than in extremely rare circumstances, is arguably a cause for concern.

One viewpoint is that regular infringements of professional boundaries may increase the risk of doctors developing inappropriate relationships.⁴ Blurring of boundaries has come about in part by the change in the formality associated with medicine where clinicians are taught to adopt a more patient-centred approach, and develop respectful relationships with their patients.⁵ For some this can result in additional emotional exhaustion which may amplify any occupational stressors.⁶ The more doctors feel emotionally stressed about their jobs, the more they feel burned out and defeated by the health care system, leading to less motivation to improve conditions, both for themselves and for

patients. A US study noted that nearly 1 in 2 clinicians report at least one symptom of burnout, for example losing enthusiasm for their work or growing cynical and >34% oncology fellows had high rates of burnout.⁷ Similarly, the 2015 Oncology Registrars' Forum Survey revealed that 39% of UK registrars had considered leaving clinical oncology training, with 37% of these considering leaving clinical medicine altogether.⁸ The most common reasons given were stress, unmanageable workload and poor work / life balance. The consequences of 'burnout' are potentially dangerous for staff, patients and other colleagues. Individuals can suffer with insomnia, increased use of alcohol and drugs, marital and family problems.⁹

What the UK survey did not tell us is the expectations that patients have. Although they obviously benefit from a good relationship with their doctors that is enhanced with empathy and support there are some potential pitfalls of becoming too emotionally involved. A majority of oncologists admitted that they found it hard to be truthful about prognosis with patients that they liked and that if they became too empathic they could not make objective decisions. Finding a balance that does not compromise a doctor's own professionalism and emotional well-being is difficult but necessary for them and their patients. The professional bodies, the General Medical Council and the British Medical Association are addressing these concerns by issuing guidance for clinicians on use of social media and how to handle stress at work.^{10,11} Additionally, there appears to be a need in the UK for some form of support and communication skills training aimed at helping doctors to develop empathic relationships with patients without compromising their own emotional wellbeing.

References

1. Fallowfield LJ, Guarneri V, Ozturk AA, May S, Jenkins V. Blurring of boundaries in the doctor-patient relationship. *Lancet Oncol.* 2014; 15: 1423-1424
2. Banerjee S, Califano R, Corral JS, De Azambuja E, De Mattos-Arruda L, Guarneri V, et al. Professional burnout in European young oncologists: a European survey conducted by the European Society for Medical Oncology (ESMO) Young Oncologists Committee. *Ann Oncol.* 2014; 25 (Suppl 5): abstr 10810_PR
3. Fallowfield LJ, May S, Matthews L, Jenkins VA. UK Results from UK Oncologists' Survey 2015: Final Report. SHORE-C website; <http://shore-c.sussex.ac.uk/uk-oncs-survey.html>
4. Galletly CA. Crossing professional boundaries in medicine: the slippery slope to patient sexual exploitation. *Med J Aust* 2004, 181 (7):380-3
5. Epstein RM, Franks P, Fiscella K. Shields CG, Meldrum SC, Kravitz RL et al. Measuring patient-centered communication in patient-physician consultations: theoretical and practical issues. *Soc Sci Med.* 2005; 61(7):1516–1528
6. Maslach C, Shaufeli WB, Leiter MP. Job Burnout. *Annu. Rev. Psychol.* 2001 52:397-422
7. Shanafelt, T D, Raymond M, Horn L. Moynihan T, Collichio F, Chew H et al. Oncology fellows' career plans, expectations, and well-being: do fellows know what they are getting into? *J Clin Oncol* 2014; 32: 2991–97
8. Ramirez AJ, Graham J, Richards MA, Cull A, Gregory WM, Leaning MS et al. Burnout and psychiatric disorder among cancer clinicians *Br J Cancer*, 1995, 71:1263–1269
9. Kosmin, M. et al. Current Views on Clinical Oncology Training from the 2015 Oncology Registrars' Forum Survey *Clinical Oncology*, 2016, 28 (9): e121 - e125
10. GMC: Doctor's use of social media
http://www.gmc-uk.org/guidance/ethical_guidance/21186.asp accessed September 2016

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11. BMA: Using social media: practical and ethical guidance for doctors and medical students. <https://www.bma.org.uk/-/media/files/pdfs/.../socialmediaguidance.pdf>